P. 01

JUL 2 9 2004

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (703) 746-4000 or Eax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly minds up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 04/29/2004 PHILIP S. JOHNSON Certificate of Mailing or Transmission I hereby certify that this Fcc(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facaimle transmitted to the USPTO, on the date indicated below. ONE JOHNSON & JOHNSON PLAZA **NEW BRUNSWICK: NJ 08933-7003** Jacqueline Pintinics (Descriptor's name 04 (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 11/01/1999 09/430.966 BART DE CORTE JAB-1425 TITLE OF INVENTION: HIV REPLICATION INHIBITING PYRIMIDINES SMALL ENTITY APPLN. TYPE ISSUE PEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$1330 nouprovisional S1330 07/29/2004 EXAMINER ART UNIT CLASS-SUBCLASS BALASUBRAMANIAN, VENKATARAMAN .544-269000 1624 Change of correspondence address or indication of "Fee Address" (37 FR 1.553) 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys of agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent Q "Pee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been praviously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ☐ individual — corporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): XIssue Fee A check in the amount of the fee(s) is enclosed. Dublication Fee D Payment by credit card. Form PTO-2038 is attached. XX The Director is harchy authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). ☐ Advance Order - # of Copies Deposit Account Number Director for Parents is requested to apply the Issue Foe and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The laste Ese and Profitestion Fee (if required) will not be accepted from anyone other than the applicant; a repatered attorney or again, or the assignee or other party in interest as shown by the records of the United States Fatest and Tradomark Office.

This collection of information is required by 37 CFR, 1.311. The information is required to obtain of retain a benefit by the gubic which is to file (and by the UEPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR, 1.34. Tals collection is estimated to take 12 minutes in complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Popertment of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/30/2004 SKASSEN2 00000092 100750 09430966

01 FC:1501 1330.00 DA

BEST AVAILABLE COPY

TRANSMIT THIS FORM WITH FEE(\$)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE OMB 0651-0033